## **CMCI DRIVER REGISTRATION FORM**

Fax to 816-229-0518 or email to CMCI@OOIDA.COM

Call 800-288-3784 to pay for CMCI and set up the Pre-Employment test if necessary.

MUST BE LEGIBLE & FILLED OUT ENTIRELY TO BE PROCESSED. USE BLACK INK. Membership # 1160612 Company Name S&S Auto Transport Company Info State Driver's License # State Issued Membership # Driver's Full Name Mailing Address City State Phone# Alt Phone # **Driver Info** Social Security # Date of Birth Does this driver hold a CDL? \_\_\_Yes \_\_\_\_ No This driver is an : \_\_\_Leased Owner-Operator \_\_\_\_Hired Driver/Contract Own If Owner Operator/Leased Driver. # Trucks owned? \_\_\_\_\_ Trailer? \_\_\_\_Yes \_\_\_\_ No Has driver ever tested positive OR refused a controlled substance test? \_\_\_Yes No If YES, did driver complete Return to Duty Process? \_\_\_\_Yes \_\_\_\_ No If YES. can driver provide SAP/Return to Duty information to the Motor Carrier? Yes \_ No

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driver's license". I cer	tify that I d	o not have	more than	one motor ve	hicle lice	ense, the	information	y time h	ave more tha ch is listed be	n one elow.
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Has any license, pe	rmit or priv	ilege cyer b	oon cue	andad	10		PG 75004401			
yes, explain	or priv	incge ever b	cen susp	ended of revol	kea?		YES		NO	

## EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled Yes No SECOND LAST EMPLOYER: NAME  ADDRESS  PHONE  POSITION HELD  FROM  TO  SALARY  REASONS FOR LEAVING  ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) No Reason.  No Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled Jubitationes testing requirements as required by 49 CFR Part 40?  PHONE  PHONE  PHONE  PHONE  PHONE  PHONE  ADDRESS  PHONE  PASABON.  NO SALARY  TO  SALARY  NO REASON.  NO REASON.  NO REASON.  NO REASON.  TO  SALARY  TO  SALARY  NO REASON.  NO REASON.  NO REASON.  TO  SALARY  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	LAST EMPLOYER: NAME	e mailing address: street nun	ber and name, c	ity, state and zip code.	
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The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety". October 2008 Edition.

# THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

#### IMPORTANT DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with S+S Wstcl Auto Solts ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

#### AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize I authorize I will all the Gales ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:	
	Signature
	Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015